

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10-089789**

FILING DATE

APPLICANT(S)

| CLAIMS       |          |      |                     |      |                     |      |
|--------------|----------|------|---------------------|------|---------------------|------|
|              | AS FILED |      | AFTER 1st AMENDMENT |      | AFTER 2nd AMENDMENT |      |
|              | IND.     | DEP. | IND.                | DEP. | IND.                | DEP. |
| 1            | /        |      |                     |      |                     |      |
| 2            |          | /    |                     |      |                     |      |
| 3            | /        |      |                     |      |                     |      |
| 4            |          | /    |                     |      |                     |      |
| 5            |          | /    |                     |      |                     |      |
| 6            |          | /    |                     |      |                     |      |
| 7            |          | /    |                     |      |                     |      |
| 8            |          | /    |                     |      |                     |      |
| 9            |          | /    |                     |      |                     |      |
| 10           |          | /    |                     |      |                     |      |
| 11           |          | /    |                     |      |                     |      |
| 12           |          | /    |                     |      |                     |      |
| 13           |          | /    |                     |      |                     |      |
| 14           |          |      |                     |      |                     |      |
| 15           |          |      |                     |      |                     |      |
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| 49           |          |      |                     |      |                     |      |
| 50           |          |      |                     |      |                     |      |
| TOTAL IND.   | 2        |      |                     |      |                     |      |
| TOTAL DEP.   | 13       |      |                     |      |                     |      |
| TOTAL CLAIMS | 15       |      |                     |      |                     |      |

  

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| 95           |  |  |  |  |  |  |
| 96           |  |  |  |  |  |  |
| 97           |  |  |  |  |  |  |
| 98           |  |  |  |  |  |  |
| 99           |  |  |  |  |  |  |
| 100          |  |  |  |  |  |  |
| TOTAL IND.   |  |  |  |  |  |  |
| TOTAL DEP.   |  |  |  |  |  |  |
| TOTAL CLAIMS |  |  |  |  |  |  |

PTO-1350 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
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